

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

In re: : Chapter 11 - Judge Sacca  
:   
JOBO'S, INC.; : Case No. 15-73919  
ROBERT WAYNE HAMILL, JR.; and : Case No. 15-73920  
JOHN JOSEPH MOLINARI; : Case No. 15-73922  
:   
Debtors. : Jointly Administered Under  
: Case No. 15-73919  
:  

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JOHN JOSEPH MOLINARI'S PERIODIC FINANCIAL REPORT  
for the period  
JULY 1, 2016 to JULY 31, 2016

Comes now the above-named Debtor and files his Periodic Financial Report in accordance with the Guidelines established by the United States Trustee and Bankruptcy Rule 2015.

Reviewed as to form by,  
PAUL REECE MARR, P.C.  
Attorneys for Debtor

/s/ Paul Reece Marr  
Paul Reece Marr  
Georgia Bar No. 471230  
Suite 960  
300 Galleria Parkway, N.W.  
Atlanta, GA 30339  
770-984-2255

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

In re:	:	Chapter 11 - Judge Sacca
	:	
JOBO'S, INC.;	:	Case No. 15-73919
ROBERT WAYNE HAMILL, JR.; and	:	Case No. 15-73920
JOHN JOSEPH MOLINARI;	:	Case No. 15-73922
	:	
Debtors.	:	Jointly Administered Under
	:	Case No. 15-73919
	:	

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CERTIFICATE OF SERVICE

I, Paul Reece Marr, certify that I am over the age of 18 and that on the below referenced date I served a copy of the attached *PERIODIC FINANCIAL REPORT* by first class U.S. Mail with adequate postage prepaid, on the following persons or entities at the addresses stated:

Thomas Wayne Dworschak  
Office of the U. S. Trustee  
362 United States Courthouse  
75 Ted Turner Drive, S.W.  
Atlanta, Georgia 30303

This the 19<sup>th</sup> day of September, 2016.

/s/ Paul Reece Marr  
Paul Reece Marr  
GA Bar No. 471230

Paul Reece Marr, P.C.  
Suite 960  
300 Galleria Parkway, NW  
Atlanta, Georgia 30339  
770-984-2255

**SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS**

<b>Case Name: JOHN JOSEPH MOLINARI</b>
<b>Case Number: 15-73922-jrs</b>

Note: The information requested below is a summary of the information reported the various Schedules and Attachments contained within this report.

	Month JULY	Cumulative Total
CASH- Beginning of Month (Household)	35105.33	
CASH- Beginning of Month (Business)		
<b>Total Household Receipts</b>	<b>1747.06</b>	
<b>Total Business Receipts</b>		
<b>Total Receipts</b>	<b>1747.06</b>	
<b>Total Household Disbursements</b>	<b>2,864.43</b>	
<b>Total Business Disbursements</b>		
<b>Total Disbursements</b>	<b>2864.43</b>	
NET CASH FLOW (Total Receipts minus Total Disbursements)	-1117.37	
CASH- End of Month (Individual)	33987.96	
CASH- End of Month (Business)		

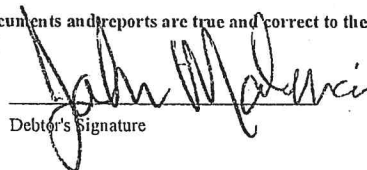
**CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES**

TOTAL DISBURSEMENTS (From Above)	2864.43	
Less: Any Amounts Transferred or Paid from the Business Account to the Household Account (i.e., Salary Paid to Debtor or Owner's Draw)		
DISBURSEMENTS FOR U.S. TRUSTEE FEE CALCULATION	2900	

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief

This 20TH day of AUGUST 2016.

Debtor's Signature



**SCHEDULE OF HOUSEHOLD  
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month JULY	Cumulative Total
<b>CASH - Beginning of Month</b>	<b>35105.33</b>	
<b>CASH RECEIPTS</b>		
Salary or Cash from Business	1747.06	
Wages from Other Sources (attach list to this report)		
Interest or Dividend Income		
Alimony or Child Support		
Social Security/Pension/Retirement		
Sale of Household Assets (attach list to this report)		
Loans/Borrowing from Outside Sources (attach list to this report)		
Other (specify) (attach list to this report)		
<b>TOTAL RECEIPTS</b>	<b>1747.06</b>	
<b>CASH DISBURSEMENTS</b>		
Alimony or Child Support Payments		
Charitable Contributions		
Gifts		
Household Expenses/Food/Clothing	37.39	
Household Repairs & Maintenance		
Insurance	1,169.56	
IRA Contribution		
Lease/Rent Payments		
Medical/Dental Payments		
Mortgage Payment(s)	298.59	
Other Secured Payments		
Taxes - Personal Property		
Taxes - Real Estate		
Taxes Other (attach schedule)		
Travel & Entertainment		
Tuition/Education		
Utilities (Electric, Gas, Water, Cable, Sanitation)	1,284.16	
Vehicle Expenses	74.73	
Vehicle Secured Payment(s)		
U. S. Trustee Quarterly Fees		
Professional Fees (Legal, Accounting)		
Other (attach schedule)		
<b>Total Household Disbursements</b>	<b>2,864.43</b>	
<b>CASH - End of Month (Must equal reconciled bank statement- Attachment No. 2)</b>		
	<b>33987.96</b>	



**ATTACHMENT NO. 1**

\*If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

\*If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

\_\_\_\_\_ Check here if United States Trustee has been listed as a Certificate Holder on all policies of insurance.

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement: \_\_\_\_\_

MONTHLY OPERATING REPORT -  
INDIVIDUAL

ATTACHMENT NO. 2

BANK ACCOUNT RECONCILIATIONS

Bank Account Information	Account #1	Account #2	Account #3	Account #4
Name of Bank:	Regions			
Account Number:	94619			
Purpose of Account (Business/Personal)	Personal			
Type of Account (e.g. checking)	Checking DIP			
1. Balance per Bank Statement	35,105.33			
2. ADD: Deposits not credited (attach list to this report)	1747.06			
3. SUBTRACT: Outstanding Checks (attach list)	2,864.43			
4. Other Reconciling Items (attach list to this report)				
5. Month End Balance (Must Agree with Books)	33,987.96			
TOTAL OF ALL ACCOUNTS				33,987.96

Note: Attach a copy of the bank statement and bank reconciliation for each account.

Investment Account Information	Date of Purchase	Type of Instrument	Purchase Price	Current Value
Bank / Account Name / Number				

Note: Attach a copy of each investment account statement.



**ATTACHMENT NO. 3A**

### CASH DISBURSEMENTS DETAILS - HOUSEHOLD

[illegible]

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

[illegible]

**MONTHLY OPERATING REPORT -  
INDIVIDUAL**

**ATTACHMENT NO. 3A**





**Regions Bank**  
Cheshire Bridge RD  
2419 Cheshire Bridge Road, NE  
Atlanta, GA 30301

JOHN JOSEPH MOLINARI  
DEBTOR IN POSSESSION  
2755 FRONTIER TRL  
ATLANTA GA 30341-5204

ACCOUNT #

██████████4619

Cycle 060  
Enclosures 09  
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**REGIONS AT WORK CHECKING PLUS**

June 18, 2016 through July 18, 2016

**SUMMARY**

<b>Beginning Balance</b>	<b>\$34,142.90</b>		<b>Minimum Balance</b>	<b>\$33,392</b>
Deposits & Credits	\$1,747.06	+	<b>Average Balance</b>	<b>\$34,388</b>
Withdrawals	\$247.78	-		
Fees	\$0.00	-		
Automatic Transfers	\$0.00	+		
Checks Converted	\$929.44	-		
Checks	\$528.30	-		
<b>Ending Balance</b>	<b>\$34,184.44</b>			

**DEPOSITS & CREDITS**

06/30	Deposit - Thank You	1,747.06
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**WITHDRAWALS**

06/20	Card Purchase Tmobile*postpai 4814 800-937-8997 WA 98006 2563	151.92
06/30	Pin Purchase Costco Gas #10 5542 Brookhaven GA 2563	34.02
07/05	Card Purchase Samsclub 6643 G 5542 Atlanta GA 30329 2563	29.78
07/05	America On Line Service *windish 8072689	12.99
07/11	Card Purchase Google *perry S 5968 g.co/payhelp# CA 94043 2563	12.99
07/11	Card Purchase Shell Oil 57542 5542 Chamblee GA 30341 2563	6.08

Total Withdrawals **\$247.78**

**Total For This  
Statement Period**

**Total Calendar  
Year-to-Date**

Total Overdraft Fees (may include waived fees)	0.00	0.00
Total Returned Item Fees (may include waived fees)	0.00	0.00

**CHECKS CONVERTED BY MERCHANT TO ELECTRONIC WITHDRAWALS**

Date	Check No.	Description of Check Payment	Amount
06/27	1069	Scana Bill Pymt 20160624 20000	39.58
06/27	1070	Jpmchase Bank Na Check Pymt	298.59
06/27	1071	Fpl Payment Ctr Bill Pymt 4949991089	49.22
07/11	1074	Georgia Power Gpc Arc 8003817005	202.41
07/14	1077	Jpmchase Bank Na Check Pymt	298.59
07/14	1078	Scana Bill Pymt 20160713 20000	41.05

Total Checks Converted **\$929.44**

**Regions Bank**  
Cheshire Bridge RD  
2419 Cheshire Bridge Road, NE  
Atlanta, GA 30301

JOHN JOSEPH MOLINARI  
DEBTOR IN POSSESSION  
2755 FRONTIER TRL  
ATLANTA GA 30341-5204

ACCOUNT # XXXXXXXXXX 4619

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Enclosures 09  
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**CHECKS CONVERTED BY MERCHANT TO ELECTRONIC WITHDRAWALS (CONTINUED)**

<u>Date</u>	<u>Check No.</u>	<u>Description of Check Payment</u>	<u>Amount</u>
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Checks that are converted by a merchant to an electronic withdrawal are not returned to Regions. Therefore, if you receive check enclosures or check images with your monthly statement, checks listed above are not included with this statement.

**CHECKS**

<u>Date</u>	<u>Check No.</u>	<u>Amount</u>	<u>Date</u>	<u>Check No.</u>	<u>Amount</u>
06/29	1072	60.90	07/11	1075 *	24.40
06/27	1073	150.40	07/08	1076	292.60

Total Checks \$528.30

\* Break In Check Number Sequence. Missing items may appear in the "Checks Converted by Merchant to Electronic Withdrawals" section of the statement.

**DAILY BALANCE SUMMARY**

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
06/20	33,990.98	06/30	35,105.33	07/11	34,524.08
06/27	33,453.19	07/05	35,062.56	07/14	34,184.44
06/29	33,392.29	07/08	34,769.96		

**THE REGIONS DEPOSIT AGREEMENT WAS  
REVISED 6-20-16 FOR CHANGES REGARDING  
ARBITRATION, DISCREPANCY OF DEPOSITS,  
VERIFICATION OF INFORMATION, ACCOUNT  
CLOSING AND TIME DEPOSIT-CERTIFICATE OF  
DEPOSIT OWNERSHIP. FOR A COPY OF THE  
CHANGES, PLEASE VISIT ANY BRANCH OR  
GO TO [REGIONS.COM/AGREEMENTS](http://REGIONS.COM/AGREEMENTS).**

For all your banking needs, please call 1-800-REGIONS (734-4667)  
or visit us on the Internet at [www.regions.com](http://www.regions.com) (TTY/TDD 1-800-374-5791).

Thank You For Banking With Regions!



## Easy Steps to Balance Your Account

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

		Checking Account
1.	Write here the amount shown on statement for <b>ENDING BALANCE</b>	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

Check No.	Amount	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Enter in Line 4 at Left	\$	

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

Summary of Our Error Resolution Procedures  
In Case of Errors or Questions About Your Electronic Transfers  
Telephone us toll-free at 1-800-734-4667

Regions Electronic Funds Transfer Services  
Post Office Box 413  
Birmingham, Alabama 35201

Please contact Regions as soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

**New Accounts-** If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment	RI - Return Item	CR - Credit	SC - Service Charge	OD - Overdrawn
EB - Electronic Banking	NSF - Nonsufficient Funds	APY - Annual Percentage Yield	FWT - Federal Withholding Tax	*Break in Number Sequence



**Regions Bank**  
Cheshire Bridge RD  
2419 Cheshire Bridge Road, NE  
Atlanta, GA 30301

JOHN JOSEPH MOLINARI  
DEBTOR IN POSSESSION  
2755 FRONTIER TRL  
ATLANTA GA 30341-5204

ACCOUNT #

██████████ 4619

Cycle 060  
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**REGIONS AT WORK CHECKING PLUS**  
July 19, 2016 through August 18, 2016

**SUMMARY**

<b>Beginning Balance</b>	<b>\$34,184.44</b>		Minimum Balance	\$33,941
Deposits & Credits	\$5,241.18	+	Average Balance	\$35,177
Withdrawals	\$161.49	-		
Fees	\$0.00	-		
Automatic Transfers	\$0.00	+		
Checks Converted	\$2,144.13	-		
Checks	\$496.85	-		
<b>Ending Balance</b>	<b>\$36,623.15</b>			

**DEPOSITS & CREDITS**

07/19	Deposit - Thank You	1,747.06
08/03	Deposit - Thank You	1,747.06
08/16	Deposit - Thank You	1,747.06
Total Deposits & Credits		\$5,241.18

**WITHDRAWALS**

07/27	Pin Purchase Shell Service	5542 Chamblee GA	2563	38.87
08/01	America On Line Service *	6414093		12.99
08/01	Pin Purchase Chevron/Downto	5542 Savannah GA	2563	33.74
08/05	Pin Purchase Samsclub #6643	5542 Atlanta GA	2563	32.56
08/10	Card Purchase Google *perry S	5968 g.co/payhelp# CA	94043 2563	12.99
08/11	Pin Purchase Samsclub #6643	5542 Atlanta GA	2563	30.34
Total Withdrawals				\$161.49

**Total For This  
Statement Period**

**Total Calendar  
Year-to-Date**

Total Overdraft Fees (may include waived fees)	0.00	0.00
Total Returned Item Fees (may include waived fees)	0.00	0.00



**Regions Bank**  
Cheshire Bridge RD  
2419 Cheshire Bridge Road, NE  
Atlanta, GA 30301

JOHN JOSEPH MOLINARI  
DEBTOR IN POSSESSION  
2755 FRONTIER TRL  
ATLANTA GA 30341-5204

ACCOUNT #

4619

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**CHECKS CONVERTED BY MERCHANT TO ELECTRONIC WITHDRAWALS**

Date	Check No.	Description of Check Payment	Amount
07/22	1082	State Farm Ro 27 Pymt	273.65
07/22	1083	State Farm Ro 27 Pymt	469.07
07/22	1084	State Farm Ro 27 Pymt	426.84
07/25	1080	Fpl Payment Ctr Bill Pymt 4949991089	86.34
07/25	1081	Tmobile Payment 366819638	151.92
08/09	1089	Georgia Power Gpc Arc 8003817005	243.76
08/12	1088	Tmobile Payment 366819638	155.95
08/15	1091	Scana Bill Pymt 20160812 20000	38.06
08/16	1090	Jpmchase Bank Na Check Pymt	298.54

Total Checks Converted \$2,144.13

Checks that are converted by a merchant to an electronic withdrawal are not returned to Regions. Therefore, if you receive check enclosures or check images with your monthly statement, checks listed above are not included with this statement.

**CHECKS**

Date	Check No.	Amount	Date	Check No.	Amount
07/29	1085	43.93	07/29	1087	296.83
07/27	1086	156.09			

Total Checks \$496.85

\* Break In Check Number Sequence. Missing items may appear in the "Checks Converted by Merchant to Electronic Withdrawals" section of the statement.

**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance	Date	Balance
07/19	35,931.50	08/01	33,941.23	08/11	35,368.64
07/22	34,761.94	08/03	35,688.29	08/12	35,212.69
07/25	34,523.68	08/05	35,655.73	08/15	35,174.63
07/27	34,328.72	08/09	35,411.97	08/16	36,623.15
07/29	33,987.96	08/10	35,398.98		

**You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.**

**Regions Bank**  
Cheshire Bridge RD  
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JOHN JOSEPH MOLINARI  
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ATLANTA GA 30341-5204

ACCOUNT #

██████████ 4619

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Enclosures	0
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For all your banking needs, please call 1-800-REGIONS (734-4667)  
or visit us on the Internet at [www.regions.com](http://www.regions.com). (TTY/TDD 1-800-374-5791)

For new purchase or refinance mortgage information, contact your  
Mortgage Loan Originator, Richard Mosley, NMLS 1091659, at ( ) - or online at  
[www.regionsmortgage.com/richardmosley](http://www.regionsmortgage.com/richardmosley).

For payment and other information about your existing mortgage loan, contact Mortgage  
Servicing at 1-800-986-2462 and for Home Equity loans call 1- 800-231-7493.



**Thank You For Banking With Regions!**  
2012 Regions Bank Member FDIC. All loans subject to credit approval.

## Easy Steps to Balance Your Account

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

		Checking Account
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3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

Check No.	Amount	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Enter in Line 4 at Left	\$	

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

Summary of Our Error Resolution Procedures  
In Case of Errors or Questions About Your Electronic Transfers  
Telephone us toll-free at 1-800-734-4667  
or write us at  
Regions Electronic Funds Transfer Services  
Post Office Box 413  
Birmingham, Alabama 35201

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- (3) Tell us the dollar amount of the suspected error.

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We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

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ADJ - Adjustment	RI - Return Item	CR - Credit	SC - Service Charge	OD - Overdrawn
EB - Electronic Banking	NSF - Nonsufficient Funds	APY - Annual Percentage Yield	FWT - Federal Withholding Tax	*Break in Number Sequence



State Farm Mutual Automobile Insurance Company  
11350 Johns Creek Parkway  
Duluth, GA 30098-0001



AT2 000898 0008 A-1428 A  
MOLINARI, JOHN J  
2755 FRONTIER TRL  
ATLANTA GA 30341-5204

## AUTO RENEWAL

**AMOUNT DUE: \$469.07**

**Payment is due by August 19, 2016**

**Your State Farm Agent**

DALE MASSEY

Office: 404-257-8880

Address: 4605 ROSWELL RD

ATLANTA, GA 30342-3000

*If you have a new or different car, have added any drivers, or have moved, please contact your agent.*

**Policy Number: 366 3984-B19-11B**

**Policy Period: August 19, 2016 to February 19, 2017**

**Vehicle:**

2004 CADILLAC XLR

**Principal Driver:**

JOHN J. MOLINARI

**CONVENIENT PAYMENT OPTION:** To use State Farm's 50-50 payment plan, submit one half of your premium plus a \$2.00 handling charge. The balance will be due 60 days after your renewal date.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

When you provide a check as payment, you authorize us either to use information from your check to make a

one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Policy Number: 366 3984-B19-11B  
Prepared July 13, 2016

Page number 1 of 5

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0103-1012





## VEHICLE INFORMATION

Review your policy information carefully. If anything is incorrect, or if there are any changes, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used? National average: 12,000 miles driven annually per vehicle
2004 CADILLAC XLR	1G6YV34AX45603008	JOHN MOLINARI, a single male, who will be age 60 as of August 19, 2016.	To Work, School or Pleasure. Driven 7,500 miles or less annually.

### Other Household Vehicle(s)

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

2001 FORD EXPLORER  
2012 CADILLAC SRX

### Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

### Annual Mileage Verification

Your auto insurance rates have been reduced through our low mileage rating. To ensure we've priced our insurance coverage accurately, we verify odometer readings through a third party provider. If we're unable to verify the information needed, we may follow up with you to provide your odometer reading information. Please contact your State Farm agent with questions.





## DRIVER INFORMATION

### Principal Driver & Assigned Drivers

For each automobile, the **Principal Driver** is the individual who most frequently drives it.

Each driver is designated as an **Assigned Driver** on the household automobile that he or she most frequently drives.

Your premium may be influenced by the information shown for these drivers.

## IMPORTANT NOTICE REGARDING YOUR PREMIUM

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

If a credit-based insurance score is used, you have the right to request, no more than once in a 12-month period that your policy be re-rated. The resulting impact due to the credit portion of the re-rated insurance score will not increase your premium; however, your overall premium may

decrease, remain the same, or increase due to other factors impacting your total premium.

### Notice of insurance information collection practices - personal, family, or household insurance transactions:

We often collect personal information from persons other than the individual or individuals listed on the policy. Such personal information may, in certain circumstances, be disclosed to third parties without your authorization. If you would like additional information concerning the collection and disclosure of personal information - and your right to see and correct any personal information in your files - it will be furnished upon request.

## COVERAGE AND LIMITS See your policy for an explanation of these coverages.

A	Liability	
	Bodily Injury 250,000/500,000	
	Property Damage 100,000	\$181.97
D	Comprehensive	\$71.81
G	500 Deductible Collision	\$145.65
H	Emergency Road Service	\$3.80
UE	Uninsured Motor Vehicle	
	Coverage (Excess)	
	Bodily Injury 250,000/500,000	
	Property Damage 100,000	
	250 Deductible	\$65.84
Amount Due		\$469.07

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give

you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

## DISCOUNTS These adjustments have already been applied to your premium.

Multiple Line	✓
Multicar	✓
Accident-Free	✓
Annual Mileage	✓
Total Discounts	\$577.96





## SURCHARGES AND DISCOUNTS

**AUTOMOBILE RATING PLAN** - Applies to private passenger cars only.

**Accident-Free Discount** - Once your policy has been in force for at least three years with no chargeable accidents, you may qualify for our Accident-Free Discount. Once you qualify, this discount applies as long as there are no chargeable accidents, and may even increase over time.

**Good Driving Discount** - Newer policyholders who do not yet qualify for our Accident-Free Discount (available after three years with no chargeable accidents) may already be receiving a Good Driving Discount. This discount continues to apply until your policy qualifies for the Accident-Free Discount as long as there are no chargeable accidents and no new drivers. If you add new drivers, they must also qualify in order for your Good Driving Discount to continue.

**Chargeable Accidents** - For new business rating, an accident is chargeable if it results in \$750 or more of damage to any property. For renewal business, an accident is chargeable as of the date State Farm pays at least \$750 (for accidents occurring on or after April 1, 1999) under

property damage liability and collision coverages for an at-fault accident.

**Surcharges** - If there are chargeable accidents, you may lose your Good Driving Discount or Accident-Free Discount and receive accident surcharges. But if the accident is the first to become chargeable in nine years and this policy has been in force for at least that long, the Accident-Free Discount will continue and no surcharge will apply. The surcharge for each accident depends upon the number and timing of the accidents, and each accident surcharge will remain in effect up to three years.

Surcharges will be removed if the company is given satisfactory evidence that the driver involved is no longer a member of the household or will not be driving the car in the future. If that driver is insured on another State Farm policy, his or her driving record will be considered in the rating of the other policy.

These discounts and surcharges do not apply to all coverages. For complete details, see your State Farm agent.

## ADDITIONAL INFORMATION

If the above information is incomplete or inaccurate, or if you want to confirm the information we have in our records please contact your agent.

### Rates adjusted for auto insurance in Georgia

Auto insurance rates for Georgia customers have been adjusted to better reflect changing claim costs. Overall, most customers will see an increase in their premium. The amount your premium may have changed depends on many factors, including:

- the coverages you have
- where you live
- the kind of car you drive
- how the car is used
- who drives the car

Any premium adjustment is reflected on your enclosed billing notice. If you have any questions, please contact your agent.

### Save money with our Drive Safe & Save™ Discount Empowering Your Drive™ through Drive Safe & Save Mobile

Drive Safe & Save Mobile is one more way we help you save money on your auto insurance. This innovative free app uses your phone's technology to collect basic information about your driving. How much you drive determines the size of your discount, and good drivers can save even more. You'll receive an initial participation discount just for enrolling, which will be replaced, after an introductory period, by a discount adjusted at the policy renewal based on information collected.

You may be eligible to participate in Drive Safe & Save Mobile if you:

- Have an eligible smartphone running Android version 4.3 or higher or iPhone 4s or newer running iOS 8 or higher,
- Place a Bluetooth beacon in your vehicle (we provide this to you),
- Maintain an active Bluetooth connection when driving,

(continued on next page)



State Farm Mutual Automobile Insurance Company  
11350 Johns Creek Parkway  
Duluth, GA 30098-0001



AT2 000899 0008 A-1428 A  
MOLINARI, JOHN J  
2755 FRONTIER TRL  
ATLANTA GA 30341-5204

## AUTO RENEWAL

**AMOUNT DUE: \$426.84**

**Payment is due by August 19, 2016**

**Your State Farm Agent**

DALE MASSEY

Office: 404-257-8880

Address: 4605 ROSWELL RD

ATLANTA, GA 30342-3000

*If you have a new or different car, have added any drivers, or have moved, please contact your agent.*

**Policy Number: 715 1355-B19-11B**

**Policy Period: August 19, 2016 to February 19, 2017**

**Vehicle:**

2012 CADILLAC SRX

**Principal Driver:**

JOHN J MOLINARI

**CONVENIENT PAYMENT OPTION:** To use State Farm's 50-50 payment plan, submit one half of your premium plus a \$2.00 handling charge. The balance will be due 60 days after your renewal date.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

When you provide a check as payment, you authorize us either to use information from your check to make a

one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Policy Number: 715 1355-B19-11B  
Prepared July 13, 2016

1004583

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Page number 1 of 5

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## VEHICLE INFORMATION

Review your policy information carefully. If anything is incorrect, or if there are any changes, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used? National average: 12,000 miles driven annually per vehicle
2012 CADILLAC SRX	3GYFNBE31CS581297	JOHN MOLINARI, a single male, who will be age 60 as of August 19, 2016.	To Work, School or Pleasure. Driven 7,500 miles or less annually.

### Other Household Vehicle(s)

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

2001 FORD EXPLORER  
2004 CADILLAC XLR

### Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

### Annual Mileage Verification

Your auto insurance rates have been reduced through our low mileage rating. To ensure we've priced our insurance coverage accurately, we verify odometer readings through a third party provider. If we're unable to verify the information needed, we may follow up with you to provide your odometer reading information. Please contact your State Farm agent with questions.





## DRIVER INFORMATION

### Principal Driver & Assigned Drivers

For each automobile, the **Principal Driver** is the individual who most frequently drives it.

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## IMPORTANT NOTICE REGARDING YOUR PREMIUM

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

If a credit-based insurance score is used, you have the right to request, no more than once in a 12-month period that your policy be re-rated. The resulting impact due to the credit portion of the re-rated insurance score will not increase your premium; however, your overall premium may

decrease, remain the same, or increase due to other factors impacting your total premium.

### Notice of insurance information collection practices - personal, family, or household insurance transactions:

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## COVERAGE AND LIMITS See your policy for an explanation of these coverages.

A	Liability	
	Bodily Injury 250,000/500,000	
	Property Damage 100,000	\$177.52
D	Comprehensive	\$45.13
G	500 Deductible Collision	\$134.55
H	Emergency Road Service	\$3.80
UE	Uninsured Motor Vehicle	
	Coverage (Excess)	
	Bodily Injury 250,000/500,000	
	Property Damage 100,000	
	250 Deductible	\$65.84
Amount Due		\$426.84

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give

you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

## DISCOUNTS These adjustments have already been applied to your premium.

Multiple Line	✓
Multicar	✓
Accident-Free	✓
Annual Mileage	✓
Total Discounts	\$480.17





## SURCHARGES AND DISCOUNTS

**AUTOMOBILE RATING PLAN** - Applies to private passenger cars only.

**Accident-Free Discount** - Once your policy has been in force for at least three years with no chargeable accidents, you may qualify for our Accident-Free Discount. Once you qualify, this discount applies as long as there are no chargeable accidents, and may even increase over time.

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**Chargeable Accidents** - For new business rating, an accident is chargeable if it results in \$750 or more of damage to any property. For renewal business, an accident is chargeable as of the date State Farm pays at least \$750 (for accidents occurring on or after April 1, 1999) under

property damage liability and collision coverages for an at-fault accident.

**Surcharges** - If there are chargeable accidents, you may lose your Good Driving Discount or Accident-Free Discount and receive accident surcharges. But if the accident is the first to become chargeable in nine years and this policy has been in force for at least that long, the Accident-Free Discount will continue and no surcharge will apply. The surcharge for each accident depends upon the number and timing of the accidents, and each accident surcharge will remain in effect up to three years.

Surcharges will be removed if the company is given satisfactory evidence that the driver involved is no longer a member of the household or will not be driving the car in the future. If that driver is insured on another State Farm policy, his or her driving record will be considered in the rating of the other policy.

These discounts and surcharges do not apply to all coverages. For complete details, see your State Farm agent.

## ADDITIONAL INFORMATION

If the above information is incomplete or inaccurate, or if you want to confirm the information we have in our records please contact your agent.

### Rates adjusted for auto insurance in Georgia

Auto insurance rates for Georgia customers have been adjusted to better reflect changing claim costs. Overall, most customers will see an increase in their premium. The amount your premium may have changed depends on many factors, including:

- the coverages you have
- where you live
- the kind of car you drive
- how the car is used
- who drives the car

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### Save money with our Drive Safe & Save™ Discount Empowering Your Drive™ through Drive Safe & Save Mobile

Drive Safe & Save Mobile is one more way we help you save money on your auto insurance. This innovative free app uses your phone's technology to collect basic information about your driving. How much you drive determines the size of your discount, and good drivers can save even more. You'll receive an initial participation discount just for enrolling, which will be replaced, after an introductory period, by a discount adjusted at the policy renewal based on information collected.

You may be eligible to participate in Drive Safe & Save Mobile if you:

- Have an eligible smartphone running Android version 4.3 or higher -or- iPhone 4s or newer running iOS 8 or higher,
- Place a Bluetooth beacon in your vehicle (we provide this to you),
- Maintain an active Bluetooth connection when driving,



State Farm Mutual Automobile Insurance Company  
11350 Johns Creek Parkway  
Duluth, GA 30098-0001



AT2 000897 0008 A-1428 A  
MOLINARI, JOHN J  
2755 FRONTIER TRL  
ATLANTA GA 30341-5204

## AUTO RENEWAL

**AMOUNT DUE: \$273.65**

**Payment is due by August 19, 2016**

**Your State Farm Agent**

DALE MASSEY

Office: 404-257-8880

Address: 4605 ROSWELL RD

ATLANTA, GA 30342-3000

*If you have a new or different car, have added any drivers, or have moved, please contact your agent.*

**Policy Number: 366 3983-B19-11C**

**Policy Period: August 19, 2016 to February 19, 2017**

**Vehicle:**

2001 FORD EXPLORER

**Principal Driver:**

JOHN J. MOLINARI

**CONVENIENT PAYMENT OPTION:** To use State Farm's 50-50 payment plan, submit one half of your premium plus a \$2.00 handling charge. The balance will be due 60 days after your renewal date.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

When you provide a check as payment, you authorize us either to use information from your check to make a

one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Policy Number: 366 3983-B19-11C  
Prepared July 13, 2016

1004583

Page number 1 of 5

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0103-1012



## VEHICLE INFORMATION

Review your policy information carefully. If anything is incorrect, or if there are any changes, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used? National average: 12,000 miles driven annually per vehicle
2001 FORD EXPLORER	1FMZU77EX1DB01137	JOHN MOLINARI, a single male, who will be age 60 as of August 19, 2016.	To Work, School or Pleasure. Driven 7,500 miles or less annually.

### Other Household Vehicle(s)

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

2004 CADILLAC XLR  
2012 CADILLAC SRX

### Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

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## COVERAGE AND LIMITS See your policy for an explanation of these coverages.

A	Liability	
	Bodily Injury 250,000/500,000	
	Property Damage 100,000	\$196.41
H	Emergency Road Service	\$3.80
UE	Uninsured Motor Vehicle	
	Coverage (Excess)	
	Bodily Injury 250,000/500,000	
	Property Damage 100,000	
	250 Deductible	\$73.44
Amount Due		\$273.65

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give

you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

## DISCOUNTS These adjustments have already been applied to your premium.

Multiple Line	✓
Multicar	✓
Accident-Free	✓
Annual Mileage	✓
Total Discounts	\$304.67





## SURCHARGES AND DISCOUNTS

**AUTOMOBILE RATING PLAN** - Applies to private passenger cars only.

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These discounts and surcharges do not apply to all coverages. For complete details, see your State Farm agent.

## ADDITIONAL INFORMATION

If the above information is incomplete or inaccurate, or if you want to confirm the information we have in our records please contact your agent.

### Rates adjusted for auto insurance in Georgia

Auto insurance rates for Georgia customers have been adjusted to better reflect changing claim costs. Overall, most customers will see an increase in their premium. The amount your premium may have changed depends on many factors, including:

- the coverages you have
- where you live
- the kind of car you drive
- how the car is used
- who drives the car

Any premium adjustment is reflected on your enclosed billing notice. If you have any questions, please contact your agent.

### Save money with our Drive Safe & Save™ Discount

#### Empowering Your Drive™ through Drive Safe & Save Mobile

Drive Safe & Save Mobile is one more way we help you save money on your auto insurance. This innovative free app uses your phone's technology to collect basic information about your driving. How much you drive determines the size of your discount, and good drivers can save even more. You'll receive an initial participation discount just for enrolling, which will be replaced, after an introductory period, by a discount adjusted at the policy renewal based on information collected.

You may be eligible to participate in Drive Safe & Save Mobile if you:

- Have an eligible smartphone running Android version 4.3 or higher -or- iPhone 4s or newer running iOS 8 or higher.
- Place a Bluetooth beacon in your vehicle (we provide this to you),
- Maintain an active Bluetooth connection when driving,



**State Farm Fire and Casualty Company**

11350 Johns Creek Parkway  
Duluth, GA 30098-0001

A-27- 1428-FA97 L F

MOLINARI, JOHN J  
2755 FRONTIER TRL  
ATLANTA GA 30341-5204

**Forms and Endorsements**

Personal Liability Umbrella  
Fuel Oil Exclusion  
Amendatory Endorsement

FP-7950.2  
FE-5837  
FE-3207.1

**RENEWAL CERTIFICATE**

<b>POLICY NUMBER</b>	11-CM-P169-5
Personal Liability Umbrella Policy JAN 23 2016 to JAN 23 2017	
<b>DATE DUE</b>	<b>SEE BALANCE DUE NOTICE</b>
JAN 23 2016	\$351.00

**COVERAGES AND LIMITS**

L Personal Liability \$2,000,000  
Self-Insured Retention None

**UNDERLYING EXPOSURES**

Our records show the following underlying information. This information was used in determining the rate of the policy.

**AUTOMOBILE EXPOSURES**

Automobile(s) 3  
Automobile Operator(s) 1

**OTHER LIABILITY EXPOSURES**

Personal Residential  
Rental Unit(s) 1

Annual Premium \$351.00  
Amount Due \$351.00

27 IPPD

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11-CM-P169-5

\*Notify your agent immediately if the above listed Coverages and/or Underlying Exposures are incorrect.  
Your Coverages and/or bill can be affected if this information is not correct.

The Class 50 Discount has reduced the premium on your policy by \$64.00

Required Underlying Insurance on reverse side

135-3076 1.8 10-11-2010 (0103088)

*Thanks for letting us serve you...*

3379

201

**Agent DALE MASSEY**

Telephone (404) 257-8880 or (888) 917-8283

Moving? See your State Farm agent.

See reverse for important information.

Prepared DEC 01 2015

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REB

**CONTINUED FROM FRONT**

**Required Underlying Insurance**

(Terms in Bold in this section are defined in the policy)  
Minimum Underlying Limits

<u>Type of Policy</u>	<u>Combined Limits</u> <u>(Bodily Injury and Property Damage)</u>	<u>or</u>	<u>Split Limits</u>
<b>Automobile Liability</b>	<b>\$ 500,000</b>	Bodily Injury-	<b>\$ 250,000</b> Per Person <b>\$ 500,000</b> Per Accident
		Property Damage-	<b>\$ 100,000</b> Per Accident
<b>Recreational Motor Vehicle Liability</b> Including Passenger Bodily Injury	<b>\$ 500,000</b>	Bodily Injury-	<b>\$ 250,000</b> Per Person <b>\$ 500,000</b> Per Accident
		Property Damage-	<b>\$ 100,000</b> Per Accident
<b>Personal Residential Liability</b>	<b>\$ 100,000</b>		
<b>Watercraft Liability</b>	<b>\$ 100,000</b>		
<b>Residential Rental Liability</b>	<b>\$ 300,000</b>		

**NOTICE TO POLICYHOLDER:**

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Effective Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Effective Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

Please keep this with your policy.





P.O. Box 45-9020, Sunrise, FL 33345-9020

**Agent:**

THE MILLER INSURANCE GROUP, LLC  
6404 MANATEE AVE. WEST SUITE A  
BRADENTON, FL 34209  
(941) 377-1806

Policy Number: SOIH0722069-06

2015

**Policy Effective Dates:**

October 23, 2015 to October 23, 2016

**Named Insured & Property Address:**

JOHN MOLINARI  
2755 FRONTIER TRAIL  
ATLANTA, GA 30341-5204

JOHN MOLINARI  
6005 MIDNIGHT PASS RD  
N-9  
SARASOTA, FL 34242

Date:	Description:	Due Date:	Amount:
09/03/2015	Renewal Policy Billing	10/23/2015	2,241.29

**Total Balance Due: \$2,241.29**

You may pay the Annual amount of \$2,241.29 or you may utilize our premium installment plans for a fee of \$3.00 per Installment and a one time setup fee of \$10.00 for a 2-Pay, 4-Pay or 8-Pay Plan. To enroll in the 8-pay payment plan, you must use our online policyholder service center. The fees are included in the installment premium. The setup fee is included in installment 1. Please note that changes made to your policy will affect billings and/or Installment amounts due.

Please choose one of the following payment options:

Full Pay (100%)		2-pay (60%, 40%)		4-pay (40%, 20%, 20%, 20%)		Online 8-Pay (via Insured Portal) (30%, 10%, 10%, 10%, 10%, 10%, 10%, 10%)			
Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date
2,241.29	10/23/2015	1,358.00	10/23/2015	910.00	10/23/2015	685.00	10/23/2015	227.00	03/21/2016
		899.29	04/20/2016	451.00	01/21/2016	227.00	12/22/2015	227.00	04/20/2016
				451.00	04/20/2016	227.00	01/21/2016	228.00	05/20/2016
				451.29	07/19/2016	227.00	02/20/2016	227.00	06/19/2016

To make a payment you may choose one of the following options:

- 1) Go to [www.mysouthernOak.com](http://www.mysouthernOak.com) to make a debit or credit card payment.
- 2) Contact your agent or call 877-900-3971 to make a debit or credit card payment.
- 3) Make check payable to Southern Oak Insurance Company and mail payment using the payment slip below.
- 4) To enroll in the 8-Pay payment plan, you must use our online policyholder service center. This option is available when no initial payment has been made.



P.O. BOX 45-9020, SUNRISE, FL 33345-9020  
POLICY NUMBER: SOIH0722069-06-0000

**Important Phone Numbers:**

Your Agent: (941) 377-1806  
Customer Service: (877)-900-3971  
Claims Reporting: (877)-900-2280

**HOMEOWNERS HO-6 CONDO POLICY DECLARATIONS**

**Renewal**

Policy Effective Date: 10/23/2015 12:01 AM  
Policy Expiration Date: 10/23/2016 12:01 AM

**Insured Name and Mailing Address:**

JOHN MOLINARI  
2755 FRONTIER TRAIL  
ATLANTA, GA 30341-5204

**YOUR SOUTHERN OAK AGENT IS:**  
KEVIN MILLER  
THE MILLER INSURANCE GROUP, LLC  
6404 MANATEE AVE. WEST SUITE A  
BRADENTON, FL 34209  
(941) 377-1806

**Insured location covered by this policy:**

6005 MIDNIGHT PASS RD  
N-9  
SARASOTA, FL 34242  
County: SARASOTA

**TOTAL ANNUAL POLICY PREMIUM**

**\$2,241.29**

The Hurricane portion of the Premium is: \$1,521.04

The Non-Hurricane portion of the Premium is: \$720.25

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

**SECTION I - PROPERTY COVERAGES**

	<b>LIMIT</b>	<b>PREMIUM</b>
Coverage - A - (Dwelling)	\$55,000	\$697
Coverage - C - (Personal Property)	\$75,000	\$890
Coverage - D - (Loss Of Use)	\$15,000	Included

**SECTION I - DEDUCTIBLES** In case of a loss, we only cover that part of the loss over the deductible stated:

All Other Perils Deductible - \$1,000

**Hurricane Deductible - \$1,500 (2% of Coverage C)**

**SECTION II - LIABILITY COVERAGES**

Coverage - E - (Personal Liability)	\$300,000	\$20
Coverage - F - (Medical Payments)	\$2,000	Included

**CREDITS AND SURCHARGES**

Year Built (Wind Premium) Surcharge	\$268.29
Age of Home (Non Wind Premium) Surcharge	\$266.85
Windstorm Loss Mitigation Credit	\$101.87
	-\$100.43

**POLICY FEES**

Managing General Agency Fee	\$29.00
Emergency Management Preparedness and Assistance Trust Fund Fee	\$25.00
Florida Insurance Guaranty Association 2009 Regular Assessment Recoupment Fee	\$2.00
	\$0.00



P.O. BOX 45-9020, SUNRISE, FL 33345-9020  
POLICY NUMBER: SOIH0722069-06-0000

**Important Phone Numbers:**

Your Agent: (941) 377-1806  
Customer Service: (877)-900-3971  
Claims Reporting: (877)-900-2280

Florida Insurance Guaranty Association 2012 Regular Assessment Recoupment Fee \$2.00

OPTIONAL COVERAGES PREMIUM	LIMIT	
HO 04 90 10 00 - Personal Property Replacement Cost		\$337.00
SOI 04 21 Identity Theft Coverage	\$25,000	\$25.00

Premium Change Due to Rate Change \$0.00

Premium Change Due to Coverage Change \$14.81

Premium Change Due to Change in Fees -\$50.11

**Policy Forms and Endorsements:**

SOI 2000 06 0105	SOI 04 23 0909	HO 04 90 1000	SOI 04 09 0505
OIR-B1-1655 02 10	SOI 04 17 06 14	SOI 04 21 04 08	SOI 06 19 01 14

**Rating Information:**

Construction:	Masonry	Year Built:	1966
Occupied By:	Owner	Usage Type:	Secondary
BCEG Grade:	99	Territory:	583-15
Protection Class:	03	Exclude Wind Coverage:	No
Burglar Alarm:	None	Fire Alarm:	None
Automatic Sprinklers:	None	Opening Protection:	None
Roof Shape:	Flat		

0004436900003300401840





## Checklist of Coverage

Policy Type: Condominium Unit Owner's

(Indicate: Homeowner's, Condominium Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consume assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or [www.fldfs.com](http://www.fldfs.com).

This form was adopted by the Florida Financial Services Commission.

<b>Dwelling Structure Coverage (Place of Residence)</b>	
Limit of Insurance: <u>\$55,000</u>	Loss Settlement Basis: <u>Replacement Cost</u> (i.e. Replacement Cost, Actual Cash Value, Stated Value, etc.)
<b>Other Structures Coverage (Detached from Dwelling)</b>	
Limit of Insurance: <u>No Coverage</u>	Loss Settlement Basis: <u>No Coverage</u> (i.e. Replacement Cost, Actual Cash Value, Stated Value, etc.)
<b>Personal Property Coverage</b>	
Limit of Insurance: <u>\$75,000</u>	Loss Settlement Basis: <u>Replacement Cost</u> (i.e. Replacement Cost, Actual Cash Value, Stated Value, etc.)
<b>Deductibles</b>	
Annual Hurricane: <u>\$1,500</u>	All Perils (Other Than Hurricane): <u>\$1,000</u>

**Checklist of Coverage (continued)**

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against:  
(Items below marked **Y (Yes)** indicate coverage IS included, those marked **N (No)** indicate coverage is NOT included)

Y	Fire or Lightning	
Y	Hurricane	
N	Flood (including storm surge)	EXCLUDED
Y	Windstorm or Hail (other than hurricane)	
Y	Explosion	
Y	Riot or Civil Commotion	
Y	Aircraft	
Y	Vehicles	
Y	Smoke	
Y	Vandalism or Malicious Mischief	
Y	Theft	
Y	Falling Objects	
Y	Weight of Ice, Snow or Sleet	
Y	Accidental Discharge or Overflow of Water or Steam	
Y	Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging	
Y	Freezing	
Y	Sudden and Accidental Damage from Artificially Generated Electrical Current	
Y	Volcanic Eruption	
Y	Sinkhole	
N	Any Other Peril Not Specifically Excluded (dwelling and other structures only)	EXCLUDED

Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.

Loss of Use Coverage		
Coverage	Limit of Insurance	Time Limit
(Items below marked <b>Y (Yes)</b> indicate coverage IS included, those marked <b>N (No)</b> indicate coverage is NOT included)		
Y Additional Living Expense	\$15,000	Shortest time required to repair/replace/relocate
Y Fair Rental Value	\$15,000	Shortest time required to repair/replace
Y Civil Authority Prohibits Use	\$15,000	2 weeks maximum





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PO BOX 2964  
SHAWNEE MISSION, KS 66201-1364  
800-527-2634

Policy Number  
**4802712321**

**FLOOD GENERAL PROPERTY FORM STANDARD POLICY DECLARATION - RENEWAL**

Named Insured and Mailing Address: <b>MOLINARI JOHN JR</b> <b>2755 FRONTIER TRAIL</b> <b>ATLANTA, GA 30341</b>	Policy Period: 10/23/2015 12:01am to <b>10/23/2016 12:01am</b> Policy Term: ONE YEAR
	Agent No: <b>061310</b> THE MILLER INS GRP 4579 BEE RIDGE RD #7 SARASOTA, FL 34233 Agent Phone: <b>941-377-1806</b>
Payor: <b>INSURED</b>	

Property Location: **6005 MIDNIGHT PASS RD**  
**SARASOTA, FL 34242-3214**

RATING DESCRIPTION	
Property/Building	Contents Location

Insured's Primary Residence: **N**

**OTHER NON-RESIDENTIAL; ONE FLOOR; NON-ELEVATED WITHOUT BASEMENT**

**LOWEST FLOOR ONLY ABOVE GROUND LEVEL**  
**Subject to, III. Property Covered, Paragraph B.**

Date of construction or substantial improvement was on **01/01/1966** Pre-FIRM Subsidized

LOCATION INFORMATION
----------------------

Community Name: **SARASOTA COUNTY \*** No: **1251440143E**

Status: **REGULAR** CRS Class: **5** FIRM Zone: **AE** Current Flood Zone: **AE** Elevation Difference: Grandfathered: **N**

COVERAGE AND RATING INFORMATION					
Coverage Type	Coverage Limit	Deductible	Rate	Deductible Discount	Premium
Building	\$ 33,300	\$ 2,000	0.97/1.81	\$ 0.00	\$ 323.00
Contents	\$ 57,900	\$ 2,000	1.91/1.59	\$ 0.00	\$ 1,106.00
ICC PREMIUM					\$ 70.00
ANNUAL SUBTOTAL					\$ 1,499.00
CRS DISCOUNT(25%)					\$ -375.00
RESERVE FUND ASSESSMENT					\$ 169.00
HFIAA SURCHARGE					\$ 250.00
FEDERAL POLICY FEE					\$ 45.00
TOTAL PREMIUM					\$ 1,588.00

Policy Changes:

THIS IS NOT A BILL

Attachments:

Issue Date: **09/09/2015**

Insured Copy

001788(2:3):38231.548

00403 5646725 002415 004829 0002/0006

*Siesta*  
*2015*



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PO BOX 2964  
SHAWNEE MISSION, KS 66201-1364  
800-527-2634

>000109 5597395 0001 092201 10Z

Payor: Insured

MOLINARI JOHN JR  
2755 FRONTIER TRAIL  
ATLANTA, GA 30341

Agent: 061310  
THE MILLER INS GRP  
4579 BEE RIDGE RD #7  
SARASOTA, FL 34233

941-377-1806

*B of America  
Check 472*

Insured Property Location:  
6005 MIDNIGHT PASS RD  
SARASOTA, FL 34242-3214

**RENEWAL NOTICE:** Your flood insurance policy is about to expire on the date shown below. Please follow renewal instructions on the remittance.

Policy Number: 4802712321

Policy Expiration Date: 10/23/2015

Billing Date: 08/24/2015

Instructions:

Coverage Options	Coverages		Deductibles		Premium
	Building	Contents	Building	Contents	
A: CURRENT COVERAGE	\$ 30,300	\$ 55,100	\$ 2,000	\$ 2,000	\$ 1,516
B: INCREASED COVERAGE	\$ 33,300	\$ 57,900	\$ 2,000	\$ 2,000	\$ 1,588

Note: Premium due includes a Reserve Fund Fee, Policy Fee and a HFIAA surcharge of \$25 for a verified primary residence or \$250 if this is not your primary residence, as required by FEMA. See reverse for important billing information. Please note #7, deductible option changes.

Payor Copy

RETAIN FOR YOUR RECORDS

00109 5597395 000218 000435 0001/0002



11350 Johns Creek Parkway  
Duluth, GA 30098-0001AT2 000899 0008 A-1428 A  
MOLINARI, JOHN J  
2755 FRONTIER TRL  
ATLANTA GA 30341-5204

Policy Number: 715 1355-B19-11B

Policy Period: August 19, 2016 to February 19, 2017

## Vehicle:

2012 CADILLAC SRX

## Principal Driver:

JOHN J. MOLINARI

7-19-16  
1089

CONVENIENT PAYMENT OPTION: To use State Farm's 50-50 payment plan, submit one half of your premium plus a \$2.00 handling charge. The balance will be due 60 days after your renewal date.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

When you provide a check as payment, you authorize us either to use information from your check to make a

## AUTO RENEWAL

AMOUNT DUE: \$426.84

Payment is due by August 19, 2016.

## Your State Farm Agent

DALE MASSEY

Office: 404-257-8880

Address: 4605 ROSWELL RD

ATLANTA, GA 30342-3000

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

84  
4/26

one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Policy Number: 715 1355-B19-11B  
Prepared July 13, 2016

Page number 1 of 5

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11350 Johns Creek Parkway  
Duluth, GA 30098-0001AT2 000898 0008 A-1428 A  
MOLINARI, JOHN J  
2755 FRONTIER TRL  
ATLANTA GA 30341-5204**AUTO RENEWAL****AMOUNT DUE: \$469.07****Payment is due by August 19, 2016****Your State Farm Agent**

DALE MASSEY

Office: 404-257-8880

Address: 4605 ROSWELL RD

ATLANTA, GA 30342-3000

*If you have a new or different car, have added any drivers, or have moved, please contact your agent.***Policy Number: 366 3984-B19-11B****Policy Period: August 19, 2016 to February 19, 2017****Vehicle:**

2004 CADILLAC XLR

**Principal Driver:**

JOHN J. MOLINARI

**CONVENIENT PAYMENT OPTION:** To use State Farm's 50-50 payment plan, submit one half of your premium plus a \$2.00 handling charge. The balance will be due 60 days after your renewal date.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

When you provide a check as payment, you authorize us either to use information from your check to make a

one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Policy Number: 366 3984-B19-11B  
Prepared July 13, 2016  
1004583

Page number 1 of 5

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11350 Johns Creek Parkway  
Duluth, GA 30098-0001AT2 000897 0008 A-1428 A  
MOLINARI, JOHN J  
2755 FRONTIER TRL  
ATLANTA, GA 30341-5204**AUTO RENEWAL****AMOUNT DUE: \$273.65***Payment is due by August 19, 2016***Your State Farm Agent**

DALE MASSEY

Office: 404-257-8880

Address: 4605 ROSWELL RD

ATLANTA, GA 30342-3000

*If you have a new or different car, have added any drivers, or have moved,  
please contact your agent.***Policy Number: 366 3983-B19-11C**

Policy Period: August 19, 2016 to February 19, 2017

**Vehicle:**

2001 FORD EXPLORER

**Principal Driver:**

JOHN J. MOLINARI

**CONVENIENT PAYMENT OPTION:** To use State Farm's 50-50 payment plan, submit one half of your premium plus a \$2.00 handling charge. The balance will be due 60 days after your renewal date.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

When you provide a check as payment, you authorize us either to use information from your check to make a

one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Policy Number: 366 3983-B19-11C  
Prepared July 13, 2016  
1004583

Page number 1 of 5

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